

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)
2 Total pages filed:**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Robert

S

Bob

Lemon

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1815 Iris Ln

Cedar Park, TX 78613

☐ change of address**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 736 3513

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Robert

S

Bob

Lemon

**7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1815 Iris Ln

Cedar Park, TX 78613

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 736 3513

9 REPORT TYPE☐ January 15☐ 30th day before election☐ Runoff☐ 15th day after campaign
treasurer appointment
(officeholder only)☒ July 15☐ 8th day before election☐ Exceeded \$500
limit☐ Final report (Attach C/OH - FR)**10 PERIOD
COVERED**

Month Day Year

THROUGH

Month Day Year

5 / 2 / 15

7 / 15 / 15

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

5 / 9 / 15

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Council #1

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Bob Lemon

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 310 -

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 840.48

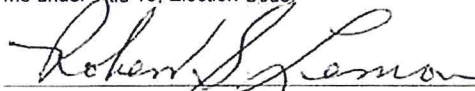
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1819.06

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Bob Lemon

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:

\$ 310 -

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

Bob Lemon

310 -

6 Is lender
a financial
Institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y ☒ N

1815 Iris Ln

- 0 -

Cedar Park, TX 78613

11 Maturity date

- 0 -

12 Principal occupation / Job title (See Instructions)

Software Engineer

13 Employer (See Instructions)

Emerson

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political account

☐16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☐ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#:

Loan Amount (\$)

Is lender
a financial
Institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME: <u>Bob Lemon</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date: <u>5/15/15</u>	5 Payee name: <u>Don Burrell</u>	
6 Amount (\$): <u>310-</u>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Advertising</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Phone</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Bob Lemon</u> Office sought: <u>Council #1</u> Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Payee name	
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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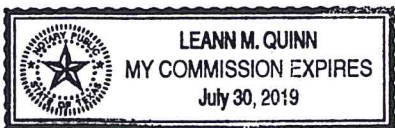
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LOAN TOTALS

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\$ 1819.06

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Robert S. Lemon

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert S. Lemon, this the 15th day of July, 20 15, to certify which, witness my hand and seal of office.

Leann M. Quinn

Signature of officer administering oath

Leann M. Quinn

Printed name of officer administering oath

City Sec

Title of officer administering oath